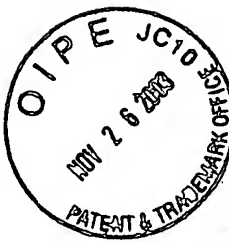


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. (Optional) 546322000100															
In re Application of Robert N. RICE et al.																	
Application Number 10/081,646	Filed February 22, 2002																
For: METHOD AND KIT FOR A NUCLEAR RUN-ON ASSAY (AS AMENDED)																	
Art Unit 1634	Examiner B. L. Sisson																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td><td>420.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td><td></td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952</p> <p>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 38,651</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)</p> <p>November 26, 2003 Date</p> <p>(415) 268-6237 Telephone Number</p> <p> Signature</p> <p>Michael R. Ward Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input type="checkbox"/> Total of 1 forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$		<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	420.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$		<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$		<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$																
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	420.00															
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$																
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$																
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$																

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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Compleat if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/081,646
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	February 22, 2002
(\$)		First Named Inventor	Robert N. RICE
		Examiner Name	B.L. Sisson
		Art Unit	1634
		Attorney Docket No.	546322000100
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
Fee Code Fee (\$)			
Fee Description			
Fee Paid			
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 29 --27= 2			
Independent Claims 6 -6**= 0			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)			
Fee Code Fee (\$)			
Fee Description			
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		18.00	
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type) Michael R. Ward		Registration No. 38,651	
Signature <i>Michael R. Ward</i>		Telephone (415) 268-6237	
		Date November 26, 2003	